F.O.F.A. 2017 (FOCUS ON THE FEMALE ATHLETE)
STRENGTH/SPEED/PLYOMETRIC TRAINING

WHO? Female athletes grades 7*-12. Kids camp for young girls ages 8-12!* (*Parent discretion)
WHEN? June 19 – July 26, Monday – Thursday* (6 weeks of intense, quality training!) "Last day is a Wednesday.
WHAT TIME?? Female athletes grades 7-12 train from 9:15 to 10:45. Kids train from 11:00 – 12:00
WHERE? Southridge High School Weight Room and Facilities
HOW MUCH? $75 for new participants, $65 for returners (including those who participated in FOFA for Kids), $50 for returning seniors. Additional siblings, $50. Prices do not include shirts, which are optional to purchase on-line. (Athletes may "try out" the camp for $5 per day + Emergency Form). Pro-rate at $20 per week, if needed.
CONTACT: Sheila Smith (Head Girls Track and Field Coach) at 521-7136 or sheila.smith@ksd.org
HOW TO ENROLL: Mail emergency form and check payable to “SOUTHRIDGE BOOSTERS” to: Sheila Smith, 2709 S. Irving St., Kennewick, WA 99338, or bring your information on the first day of camp at 10:45 a.m. for registration for the kids camp, 8:45 a.m. to register for the grades 7-12. camp. No participation is allowed without an emergency form and payment. Check out our Facebook group: “Focus on the Female Athlete”

ABOUT THE PROGRAM: This program incorporates speed, strength, and quickness training for a more explosive athlete. It is designed to support all athletes in all sports. Beginners will be introduced to strength training using their own body weight and light weights or medicine balls in preparation to weight train. They will work in small groups with an experienced coach. For the more experienced athlete, lifts will include Cleans, Push Jerks, Squats, Lunges, Good Mornings, Bench/Incline, Pull-ups, Dips, Biceps/Triceps, Abs/Low Back/Core training. Plyometrics include Bounding, Box Jumps, Running and Jumping Drills and Medicine Ball. Speed training incorporates sprint technique, speed ladder, mini-hurdles, and over-speed training with bungees, etc. This program is guaranteed to improve one’s physical appearance, increase lean body mass, and increase speed, strength, and jumping ability.

KIDS FOMA: The FOFA program is modified to meet the needs of young female athletes, with “game day” on Thursdays. **Parents can decide if their athlete should be in the kids camp or the grades 7-12 camp, based on physical maturity. **

Sheila Smith: Coach Smith is the Girls Head Track and Field Coach at Southridge. She is a former W.S.U. Track and Field Athlete and Team Captain. While at Washington State she specialized in the jumping events and was a finalist at the Pac-10 Championships in the long jump and triple jump. She was one of the first women to ever jump over 41 feet in the triple jump for W.S.U. Coach Smith loves to share her knowledge about strength and speed development with young athletes through the use of weights, speed training, and plyometrics. Smith has coached several state champions in track and field and many of her athletes have gone on to compete at the college level. Smith has enjoyed competing in the USATF Master’s meets and holds 8 Inland Northwest records. She was selected as the 2005 National Female Field Athlete of the Year for her age category, chosen as the 2007 Master Field Event Athlete of the Year for the Inland Northwest, and was a Master’s USA Track and Field National Champion in 2008 for the long and triple jumps. Coach Smith’s track teams were undefeated by any other team in the league from 2007-2010 she was named Coach of the Year for the Big 9 on 4 occasions.

Nicole Hatcher: Coach Hatcher is the Boys Head Track and Field Coach at Southridge. She returned to her alma mater after completing her degree in Mathematics from W.S.U. where she was a competitive member of the women’s track and field team. Hatcher holds Southridge school records in the 100 and 200 and earned 12 state medals in the sprints and relays between her freshman and senior years. She understands the importance of off-season training and was an extremely dedicated athlete. She understands the value of teamwork as she was a member of state championship 4x100 and 4x200 relay teams in 2000. As a soccer player, Hatcher was selected as First-Team for the Big 9 in 2002. Coach Hatcher has also seen great success as a coach. Her forte has been in coaching multiple state finalists and state champions in the sprints and relays for both boys and girls.

Please note: Coach Smith and Coach Hatcher will be assisted by other outstanding female athletes to ensure that your child is receiving the attention and direction that she deserves. This is a summer job for them and helps them pay for college. We work hard to keep the cost down for your family while providing outstanding coaches. We do have discounts available for participants experiencing difficult financial circumstances. If you would like to sponsor another child or you have questions, please contact me at 521-7136. – Sheila
EMERGENCY INFORMATION
MEDICAL PERMISSION - INSURANCE AUTHORIZATION - TRAVEL PERMISSION

Student Name ______________________________________ School________________ Grade ______
Student Birth Date __________________________ Activity ________________________________
Student Address____________________________________________ City__________________  Zip ______

EMERGENCY MEDICAL TREATMENT AND INSURANCE AUTHORIZATION

As the parent/guardian of the above named student, my signature on this form authorizes any emergency medical
treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury.

Does the supervising person have your permission to seek medical attention from the nearest licensed physician
and/or medical facility?

☐ Yes, parent/guardian initial______
☐ No, parent/guardian initial______ Please specify the procedure you wish the supervising
person to follow:

I am aware that Kennewick School District does not provide medical insurance coverage for accidents/injuries
resulting from participation in school and/or school-related activities. As the parent/guardian of the above named
student, I accept full responsibility for the cost of treatment for any accident, illness or injury which my student
may suffer while participating in school/school related activities.

I understand that my student must maintain adequate medical insurance coverage in order to participate in
interscholastic athletics/activities, and that, it must be kept in force throughout the sport/activity season.

My son/daughter is covered by medical insurance (check applicable boxes):

☐ Voluntary school medical insurance protection ☐ Medical coupons
☐ Family medical insurance ☐ No insurance

Please list any allergies and/or any specific instructions necessary for treatment:

Family Physician_________________________________________ Telephone________________________
Preferred Hospital ☐ Kennewick General ☐ Richland Kadlec ☐ Pasco Our Lady of Lourdes

Telephone number where each parent/guardian can be contacted:

Father/Guardian_________________________________________ Home ________ Work _______ Cell ________
Mother/Guardian_________________________________________ Home ________ Work _______ Cell ________

Emergency Contacts:

Name_________________________________________ Relationship_________ Phone________________________
Name_________________________________________ Relationship_________ Phone________________________

Signature of Parent/Guardian

Date Signed____________________________________________________